



40-YEAR SERVICE ELECTION TO CEASE CONTRIBUTIONS

IMRF Form 6.24 (Rev. 02/2012)

INSTRUCTIONS

- Before completing this form, **please request a pension estimate from IMRF**. It may **not** be in your best interest to stop your contributions; you cannot change your mind once the form is submitted.
- A member who currently participates in Regular IMRF, Sheriff's Law Enforcement Personnel Plan (SLEP) or the Elected County Officials Plan (ECO) and has 40 or more years of service credit can elect to stop making IMRF contributions.
- Use this form for an IMRF member who currently works in a qualifying position and is making IMRF contributions.
- This election will not be effective until the first day of the month after acquiring 40 years of service or the first day of the month after this election is received by IMRF, whichever is later.
- After filing this form, the Authorized Agent should promptly notify its payroll unit not to deduct the member IMRF contributions from the member's next payroll earnings that would be reported on their Monthly Wage Report.

PLEASE PRINT OR TYPE

Member's First Name	Middle Initial	Last	Jr., Sr., II, etc.	IMRF Member ID or Last Four Digits of SSN
Employer Name				Employer IMRF I.D. Number
Street (mailing) address			City, State and Zip + 4	

CERTIFICATION BY MEMBER

I elect to stop making contributions to the Illinois Municipal Retirement Fund. I understand that by stopping my IMRF contributions I will:

- **Receive that portion of my salary (4.50 percent Regular IMRF, 6.50 percent SLEP [7.50 percent after June 1, 2006], 7.50 percent ECO) which would have been contributed to IMRF, as additional pay less federal and state income taxes**
- **Freeze my final rate of earnings as of the effective date of this election;**
- **Continue to be treated as a participating member by the Illinois Municipal Retirement Fund for purposes of death, and disability benefits; and**
- **Not be eligible to receive a retirement benefit until I cease working in a qualifying position and apply for a retirement annuity.**

I also understand that this election is **irrevocable** once it is made.

_____ Signature of Member	_____ Date
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CERTIFICATION BY AUTHORIZED AGENT

I certify that the above named member currently participates in IMRF through the employer listed above and that he/she occupies a qualifying position.

**Complete for ECO member who joined ECO PRIOR to January 26, 2000.
Do NOT complete for Regular IMRF or SLEP member or if ECO member joined ECO on or after January 26, 2000.**

1. Please enter the member's final annual salary earned as a member of the ECO Plan: ... \$ _____
2. Please enter the member's annual stipend as a member of the ECO Plan: \$ _____

_____ Signature of Authorized Agent	_____ Date
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IMRF

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Employer Only Phone: 1-800-728-7971 Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673) www.imrf.org